State of South Dakota

SEVENTY-FIFTH SESSION LEGISLATIVE ASSEMBLY, 2000

400D0333

HOUSE BILL NO. 1028

Introduced by: The Committee on Health and Human Services at the request of the Department of Commerce and Regulation

1	FOR AN ACT ENTITLED, An Act to permit the provision of certain drugs and drug samples				
2	by physician assistants, nurse practitioners, and nurse midwives.				
3	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF SOUTH DAKOTA:				
4	Section 1. That § 36-4A-22 be amended to read as follows:				
5	36-4A-22. Specifically, and by way of limitations, an assistant to the primary care physician				
6	may:				
7	(1)	Take a complete, detailed, and accurate history; do a complete physical examination,			
8		when appropriate, to include pelvic and breast examinations specifically excluding			
9		endoscopic examinations; record pertinent data in acceptable medical form; and, if the			
10		physical examination is for participation in athletics, certify that the patient is healthy			
11		and able to participate;			
12	(2)	Perform or assist in the performance of the following routine laboratory and			
13		governing techniques:			
14		(a) The drawing of venous or peripheral blood and the routine examination of the			
15		blood;			
16		(b) Urinary bladder catheterization and routine urinalysis;			

- 2 - HB 1028

1		(c) Nasogastric intubation and gastric lavage;
2		(d) The collection of and the examination of the stool;
3		(e) The taking of cultures;
4		(f) The performance and reading of skin tests;
5		(g) The performance of pulmonary function tests excluding endoscopic
6		procedures;
7		(h) The performance of tonometry;
8		(I) The performance of audiometry;
9		(j) The taking of EKG tracings;
10	(3)	Make a tentative medical diagnosis and institute therapy or referral; to prescribe
11		medication and provide drug samples or a limited supply of labeled medications,
12		including controlled drugs or substances listed on Schedule II in chapter 34-20B for
13		one period of not more than forty-eight hours, for symptoms and temporary pain
14		relief; to treat common childhood diseases; to assist in the follow-up treatment of
15		geriatric and psychiatric disorders referred by the physicians. Medications or sample
16		drugs provided to patients shall be accompanied with written administration
17		instructions and appropriate documentation shall be entered in the patient's medical
18		record;
19	(4)	Perform the following routine therapeutic procedures:
20		(a) Injections;
21		(b) Immunizations;
22		(c) Debridement, suture, and care of superficial wounds;
23		(d) Debridement of minor superficial burns;
24		(e) Removal of foreign bodies from the external surface of the skin (specifically
25		excluding foreign bodies of the cornea);

- 3 - HB 1028

1		(f)	Removal of sutures;
2		(g)	Removal of impacted cerumen;
3		(h)	Subcutaneous local anesthesia, excluding any nerve blocks;
4		(I)	Strapping, casting, and splinting of sprains;
5		(j)	Anterior nasal packing for epistaxis;
6		(k)	Removal of cast;
7		(1)	Application of traction;
8		(m)	Application of physical therapy modalities;
9		(n)	Incision and drainage of superficial skin infections;
10	(5)	Assis	t the primary care physician in health maintenance of his the physician's patients
11		by:	
12		(a)	Well-baby and well-child clinics to include initial and current booster
13			immunization for communicable disease;
14		(b)	Pre- and post-natal surveillance to include clinics and home visits;
15		(c)	Family planning, counseling, and management;
16	(6)	Instit	ute emergency measures and emergency treatment or appropriate measures in
17		situa	tions such as cardiac arrest, shock, hemorrhage, convulsions, poisonings, and
18		emer	gency obstetric delivery. Emergency measures includes writing a chemical or
19		physi	cal restraint order when the patient may do personal harm or harm others;
20	(7)	Assis	t the primary care physician in the management of long-term care to include:
21		(a)	Ordering indicated laboratory procedures;
22		(b)	Managing a medical care regimen for acute and chronically ill patients within
23			established standing orders. (Prescription of modifications needed by patients
24			coping with illness or maintaining health, such as in diet, exercise, relief from
25			pain, medication, and adaptation to handicaps or impairments);

- 4 - HB 1028

(c) Making referrals to appropriate agenc	ies
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- (8) Assist the primary care physician in the hospital setting by arranging hospital admissions under the direction of the physician, by accompanying the primary care physician on rounds, and recording the physician's patient progress notes; by accurately and appropriately transcribing and executing specific orders at the direction of the physician; by assistance at surgery; by compiling detailed narrative and case summaries; by completion of the forms pertinent to the patient's medical record;
- (9) Assist the primary care physician in the office in the ordering of drugs and supplies, in the keeping of records, and in the upkeep of equipment;
 - (10) Assist the primary care physician in providing services to patients requiring continuing care (nursing home, extended care, and home care) including follow-up visits after the initial treatment by the physician;
- (11) Assist the primary care physician in the completion of official documents such as death certificates, birth certificates, and similar documents required by law, including signing the documents;
- (12) Take X-rays to be read by a physician. A physician's assistant may not administer injections in conjunction with the taking of any X-rays.
- Section 2. That § 36-9A-12 be amended to read as follows:
- 36-9A-12. A nurse practitioner may perform the following overlapping scope of advanced practice nursing and medical functions pursuant to § 36-9A-15, including:
- 21 (1) The initial medical diagnosis and the institution of a plan of therapy or referral;
- 22 (2) The prescription <u>and provision of drug samples or a limited supply</u> of <u>labeled</u>
 23 medications, including controlled drugs or substances listed on Schedule II in chapter
 24 34-20B for one period of not more than forty-eight hours, for treatment of causative
 25 factors and symptoms. Medications or sample drugs provided to patients shall be

- 5 - HB 1028

1		accompanied with written administration instructions and appropriate documentation	
2		shall be entered in the patient's medical record;	
3	(3)	The writing of a chemical or physical restraint order when the patient may do personal	
4		harm or harm others;	
5	(4)	The completion and signing of official documents such as death certificates, birth	
6		certificates, and similar documents required by law; and	
7	(5)	The performance of a physical examination for participation in athletics and the	
8		certification that the patient is healthy and able to participate in athletics.	
9	Section 3. That § 36-9A-13 be amended to read as follows:		
10	36-9 <i>A</i>	A-13. A nurse midwife may perform the following overlapping scope of advanced	
11	practice n	ursing and medical functions pursuant to § 36-9A-15, including:	
12	(1)	Management of the prenatal and postpartum care of the mother-baby unit;	
13	(2)	Management and direction of the birth;	
14	(3)	Provision of appropriate health supervision during all phases of the reproductive life	
15		span to include family planning services, menopausal care, and cancer screening and	
16		prevention; and	
17	(4)	Prescription and provision of drug samples or a limited supply of appropriate labeled	
18		medications for individuals under the nurse midwife's care pursuant to the scope of	
19		practice defined in this section, including controlled drugs or substances listed on	
20		Schedule II in chapter 34-20B for one period of not more than forty-eight hours.	
21		Medications or sample drugs provided to patients shall be accompanied with written	
22		administration instructions and appropriate documentation shall be entered in the	
23		patient's medical record.	